

Friends of Strays Animal Shelter Volunteer Release

Last Name: _____ First: _____

Address: _____ City: _____ State: _____ Zip: _____

Best Contact #: _____ Email: _____

Date of Birth: _____ Emergency Contact: _____ Phone: _____

Do you have any allergies? Yes No If yes, please be specific: _____

PLEASE READ and SIGN VOLUNTEER RELEASE

*I hereby agree to accept a position as a volunteer for Friends of Strays, Inc. (FOS), and in so doing; I agree to comply with all the policies, rules, and regulations, which may be established. I understand failure to do so may result in my termination as a volunteer.

*I acknowledge my services are provided strictly on a volunteer basis, without any pay or compensation of any kind, and without any liability of any nature on behalf of FOS, all services to be performed by me at my own risk. *I am aware that in handling animals there exists a risk of injury including personal physical harm. I hereby release, discharge, indemnify and hold harmless FOS, its agents, representatives and employees from any and all claims, causes of actions or demands, of any nature or cause connected with my Volunteer Agreement. *I agree on behalf of my heirs, personal representatives, and executors, to allow FOS to use any photographs taken for use in public relations efforts. I may be notified if a photo is used, but more than likely I will not. I hereby grant the following media release rights and permission to use all photos and/or videos taken of myself and/or family. FOS has the right and permission to take, use, reuse, publish, and republish photographic portraits or pictures of me or any minor who is my child or over which I am guardian. *I waive any right that a minor, which I am the legal guardian, may have to inspect or approve products, advertising copy or printed matter that may be used in connection with such photographs or use as applied. I agree I will not receive any financial compensation. This release is a binding document.

Printed Name: _____

Signature: _____ Date: _____

*PARENTAL CONSENT, MEDICAL WAIVER and INDEMNITY AGREEMENT (IF UNDER 18 YEARS OF AGE)

I, _____ (Name), warrant that I am the parent or guardian having legal custody of _____ (Name of Minor), born on _____ (D/O/B). In consideration for the acceptance of my child's registration as a volunteer for FOS, and with the understanding that my child's participation is only on condition that I enter into this agreement, I hereby assume the risks involved. I expressly assume the risk of, and accept full responsibility for any and all injuries, that may occur as a result of my child's participation and release from liability— FOS and any officers, directors, agents, representatives, vendors, sponsors, volunteers and employees. I hereby waive any claim I may have hereafter as a result of my child's participation in volunteering and any other activities connected with their participation. I hereby agree to indemnify all claims, including attorney fees, and costs which may be brought against FOS and any officers, directors, agents, representatives, vendors, volunteers and employees by anyone claiming to have been injured as a result of my child's volunteer activities.

Print Name of Parent/Guardian: _____ Phone: _____

Signature of Parent/Guardian: _____ Date: _____